

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: Benefits opted and mentioned in the policy schedule/certificate of insurance will only be applicable.

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Group Mediciam Insurance	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured - Where each member has a separate sum insured under the policy) Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p><u>Note:</u> For complete details of Sum Insured applicability, please refer to your Policy Schedule / Certificate of Insurance</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as opted and as specified in Policy Schedule / Certificate of Insurance</p> <p>Expenses in respect of:</p>	
		<p>1. Hospitalization Expenses: Payment for Medically Necessary Hospitalization expenses of an Insured Person due to Illness or Injury sustained or contracted during the Period of Insurance</p>	Section B.I.
		<p>i. Medical Expenses</p>	Section

			B.I.a
		ii. Pre-Hospitalization Medical Expenses Cover	Section B.I.b
		iii. Post-Hospitalization Medical Expenses Cover	Section B.I.c
		iv. Domiciliary Hospitalization	Section B.I.d
		v. Organ Donor Expenses	Section B.I.e
		vi. Day Care Procedures	Section B.I.f
		vii. Road Ambulance Cover	Section B.I.g
		Optional Covers: Optional covers in force for the Insured Persons shall be as opted and as specified in Policy Schedule / Certificate of Insurance	
		1. Pre-Existing Disease Waiting period Modification Option : Pre-Existing Disease Waiting Periods shall modify on availing this cover	Section B.II.1.
		2. Specific Illness Waiting period Modification Option: Specific Illness Waiting period shall modify on availing this cover	Section B.II.2.
		3. Modification of General Waiting Period : General Waiting Period shall modify on availing this cover	Section B.II.3.
		4. Modification of Pre and Post Hospitalization Medical Expenses: On availing this option, Pre and Post Hospitalization Medical Expenses limit shall modify	Section B.II.4.

	<p>5. Room Rent and ICU Modification Option: On availing this option, Room Rent and ICU limit shall modify</p>	Section B.II.5.
	<p>6. Road Ambulance Modification Option: On availing this option, Road Ambulance limit shall modify</p>	Section B.II.6.
	<p>7. Hospital Cash: Per day Sum Insured payable if Insured Person contracts Illness or sustains Injury during Period of Insurance, which results in hospitalisation</p>	Section B.II.7.
	<p>8. Preventive Health Check Up: Cost of Preventive Health Check – Up will be paid</p>	Section B.II.8.
	<p>9. Co-Payment: Co-Payment will be applied on each and every admissible claim.</p>	Section B.II.9.
	<p>10. Alternative Treatment: Medical Expenses for treatment of the Insured Person in an AYUSH Hospital</p>	Section B.II.10.
	<p>11. Deletion of Domiciliary Hospitalization: Domiciliary Hospitalization shall deleted under the Policy</p>	Section B.II.11.
	<p>12. Second Medical Opinion for Major Illness: Payment for expenses incurred towards Second Medical Opinion availed from Medical Practitioner</p>	Section B.II.12.
	<p>13. Restore Benefit: Restoration of Sum Insured in case of complete or partial utilization of the Base Sum Insured</p>	Section B.II.13.
	<p>14. Double Restore Benefit: Post complete utilization of Your BaseSum Insured and Cumulative Bonus (if applicable), if You partially or completely utilize your Restore Sum Insured, another 100% of Base Sum Insured would be added</p>	Section B.II.14.
	<p>15. Cumulative Bonus: On each continuous Renewal of the Coverage a percentage of Base Sum Insured will be added under expiring Cover as Cumulative Bonus</p>	Section B.II.15.

		16. Maternity Cover: Maternity Expenses to the Insured Person will be paid	Section B.II.16.
		17. Pre and Post Natal Expenses: Medical Expenses incurred during Pre and Post Natal period will be paid	Section B.II.17.
		18. Baby Cover from Day 1: Medical Expenses incurred towards Medically Necessary Treatment of a New Born Baby will be paid	Section B.II.18.
		19. Infertility Cover: Medical Expenses incurred towards infertility treatment, assisted reproductive treatments will be paid	Section B.II.19.
		20. Personal Accident Cover: Lumpsum payment in case of Accidental Death	Section B.II.20.
		21. Corporate Buffer: Corporate Buffer up to the limit and terms as specified in the the Policy Schedule/Certificate of Insurance to be provided	Section B.II.21.
		22. OPD Cover: Medical Expenses for Medically necessary OPD treatment to be paid	Section B.II.22.
		23. Aggregate Deductible: On availing this option, the liability of the Company to pay the admissible Claim will commence only once Aggregate Deductible amount has been exhausted.	Section B.II.23.
		24. Disease Capping: On availing this option, Claims for specified Illnesses will be admissible upto to maximum of Sub-limits	Section B.II.24.
6	Exclusions (what the policy does not cover)	<u>Standard Permanent Exclusions</u>	Section C.II.

		<ul style="list-style-type: none"> i. Investigation & Evaluation: Code Excl04 <ul style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. ii. Rest Cure, rehabilitation and respite care–Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. iii. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: <ul style="list-style-type: none"> a. Surgery to be conducted is upon the advice of the doctor b. The surgery/procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI) <ul style="list-style-type: none"> I. Greater than or equal to 40 or, II. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: III. Obesity related cardiomyopathy IV. coronary heart disease V. severe sleep apnoea VI. uncontrolled type2 diabetes iv. Change-of-Gender treatments - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. v. Cosmetic or plastic surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. vi. Hazardous or Adventure SportsCode – Excl09– Expenses related to any treatment necessitated due to participation as a 	Section C.II.
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		<p>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.</p>	
		<p><u>Specific Permanent Exclusions:</u></p> <ul style="list-style-type: none"> i. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind. ii. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the PolicySchedule/ Certificate of Insurance. iii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.. iv. Any Insured Person’s participation or involvement in naval, military or air force operation. v. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”). vi. Congenital external diseases, defects or anomalies, vii. Stem cell harvesting. viii. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities) ix. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). x. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care. xi. Vaccination including inoculation and immunisations (Except post Animal bite treatment), xii. Non-Medical expenses such as Food charges (other than patient’s diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com. xiii. OPD treatment, unless OPD Cover is opted xiv. The provision or fitting of hearing aids, spectacles or contact lenses. xv. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy. 	<p>Section C.III.</p>

		<p>xvi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.</p> <p>xvii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses is attached and</p>	
7	<p>Waiting Periods</p> <ul style="list-style-type: none"> • Time period during which specified disease / treatments are not covered • It is counted from the beginning of the policy coverage 	<p>Waiting Periods applicable to specific benefits</p> <p><u>Waiting Periods:</u></p> <p>General Waiting Period (default): 30 days</p> <p>General Waiting Period (options): 0 days</p> <p>Pre-Existing disease waiting period (default): 3 years</p> <p>Pre-Existing disease waiting period (options): 0/1/2 years</p> <p>Specific Illness waiting period (default): 1 years</p> <p>Specific Illness waiting period (options): 0/2 years</p> <p>Outpatient Treatment waiting period (default): 4 years</p> <p>Outpatient Treatment waiting period (options): 0/1/2 /3/4 years</p> <p>Maternity waiting period (default): 4years</p> <p>Maternity waiting period (options): 0/9 months/1/2 /3/4years</p>	Section C.I.
		<p>Financial Limits of coverage</p>	
8	<p>Sub-limits</p>	<p>Sub limits specific to particular covers</p>	

(It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	<u>Sub-limits applicable to Base Cover</u> Road Ambulance Cover: Upto ₹2,000 Per Hospitalisation	Section B.g.
	<u>Sub limits specific to particular Optional covers</u>	
	1. Room Rent (non ICU Limit) : i. 1% of Base SI, max up to INR 3000 per day ii. 1% of Base SI, max up to INR 5000 per day iii. 1% of Base SI per day iv. 1.5% of Base SI, max up to INR 3000 per day v. 1.5% of Base SI, max up to INR 5000 per day vi. 1.5% of Base SI per day vii. 2 % of Base SI, max up to INR 3000 per day viii. 2 % of Base SI, max up to INR 5000 per day ix. 2 % of Base SI per day x. Up to INR 3000 per day xi. Up to INR 5000 per day ICU Limit will be double of that opted for Normal Room Category	Section B.II.5
	2. Preventive Health Check-Up i. Option 1: Upto 1% of SI subject to max ₹10,000 ii. Option 2: ₹500 to ₹10,000 (in multiples of 500) (Per member basis for individual & Per policy basis for Family floater)	Section B.II.8
3. Disease Sub-Limit: i. Disease Category I (Conditions Dependent on Age) : Sum Insured Limit: 25000 / 50000 / 100000 / 150000 / 250000 / 300000 / 500000 1. Heart 2. Cataract 3. Cholecystectomy 4. Hysterectomy 5. Joint Replacement 6. Genito Urinary	Section B.II.24	

		<p>7. Cancer (All types) 8. Appendicitis 9. Chronic Renal Failure 10. Intervertebral Disc</p> <p>ii. Disease Category II (Conditions Independent of Age) : Sum Insured Limit: 25000 / 50000 / 75000 / 100000</p> <p>1. Hernia 2. Amputation 3. Long Bone Fractures 4. Fissure and Fistula 5. Accident 6. Coma 7. Deviated Nasal Septum</p>	
	<p>Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p>	<p>Co-payment specific to particular covers</p> <p>Co-Payment on All Claims: 5% / 10% / 15% / 20% / 25%/30%</p> <p>Employee Only: 5% / 10% / 15% / 20% / 25%/30%</p> <p>Dependent Only: 5% / 10% / 15% / 20% / 25%/30%</p> <p>Only for Employee Spouse Children: 5% / 10% / 15% / 20% / 25%/30%</p> <p>Parents Only: 5% / 10% / 15% / 20% / 25%/30%</p>	<p>Section B.II.9</p>
	<p>Deductible It is a specified amount: <ul style="list-style-type: none"> up to which an insurance company will not pay any </p>	<p>Deductible specific to particular covers</p> <p>Aggregate Deductible Options : 2.5 lacs/5 lacs/10lacs/25 lacs</p> <p>Hospital Cash: Time deductible options: 24/48 hours</p>	<p>Section B.II.23</p> <p>Section B.II.7</p>

	<p>claim, and</p> <ul style="list-style-type: none"> • which will be deducted from total claim amount (if claim amount is more than the specified amount) 		
Sum Insured Limits	Sum Insured specific to particular base covers		Section B.
	1. Road Ambulance Cover - Limit Options : ₹ 0 / 5000 / At Actuals		Section B.1.
	2. Hospital Cash : ₹ 50 to 5000 (in multiples of 50) for Maximum Upto: 15 / 30 / 60 / 90 / 180 Days		Section B.g.
	3. Maternity Expenses: i. Normal : ₹ 10000 / 15000 / 20000 / 25000 / 30000 / 35000 / 40000 / 50000 / 60000 / 75000 / 100000 ii. Caesarean : ₹ 10000 / 15000 / 20000 / 25000 / 30000 / 35000 / 40000 / 50000 / 60000 / 75000 / 100000		Section B.II.16
	4. Personal Accident Cover: i. Accidental Death: INR 50,000 - 50 lacs ii. Permanent Disablement: INR 50,000 - 50 lacs		Section B.II.20
	5. Outpatient Treatment: ₹ 500 to 5000 (in multiples of 500)		Section B.II.22
9	Claims / Claims procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.	Section D
		Turn Around Time (TAT) for claims settlement:	

		<p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p><u>For Reimbursement Process :</u></p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>Helpline number : https://www.hdfcergo.com/customercare/grievances</p> <p>Call - : 022 6234 6234 / 0120 6234 6234</p> <p>Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	Section E.II
11	Grievances / Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 	Section E.II

		<ul style="list-style-type: none"> - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com 	
		<p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	Section E.II
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. 	Section D.n.
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	Section D.m.
		<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p>	
		<p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p>	Section D.o.
		<p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p>	Section D.p.
		<p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	
		<p>Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable</p>	Section

		for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	D.k.
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: _____ (Signature of the Policyholder)